THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI. WEDNESDAY, SEPTEMBER 6, 1854. No. 6.

SKETCH OF M. VELPEAU, OF PARIS.

[THE following sketch of M. Velpeau, the Chirurgeon-in-chief of La Charité, in Paris, is part of a letter from the Parisian Correspondent of the Charleston Medical Journal and Review. It is evidently drawn from personal observation, and exhibits a more finished portrait of this eminent surgeon than we remember before to have seen.—ED.]

Now, instead of turning to the left as I proposed, should you open a glass door to the right, here are still other ranges of wards, with branches leading off almost interminably. Those on the first floor are for males. Ask a patient what is the matter with him, and you will find it is a surgical case. Far from where you enter stand a throng of men, some crowding around a particular bed, some with hats on, others uncovered; from out their number moves an individual whom you did not, at first, observe, but whom every one seems to follow, as he passes rapidly from one bed to another, squeezing his way in among those encircling him. He is a person with a sharp, greyish eye, of middle height, more tall than short, inclined to be thin, and moving unobservingly by, unless when he stops, occasionally, as the inclination seizes him, to ask some question of a favorite chef-de-clinique, or of a sister. He will sometimes not speak or smile for a half hour, unless on the subject of medicine, or the case before him; at other times, he even smiles and makes a little dry fun with the sick man, though he never laughs, and often, if induced to relax at something particularly ludicrous, he soon recovers himself, becomes grave, or rather I should say earnest, and his eye looks as piercing as before. Neither his voice nor manner is soft or winning, although they show, when he speaks to a boy, or the gravity of the case is imminent, that his heart is feeling, and that even habit, time and the knife, have not made him entirely callous to the sufferings of the unfortunate. I have heard him quiz a little *Interne* with white hair, upon the color of his moustache; but it was not done in a genial way, it was as a surgeon would quiz, and you only laughed because the great man laughed. He also wears a white apron with pockets, from which dangles a pin-cushion, and on his head is a purple-velvet skull cap, with tassel. Thin grey hair escapes from beneath, and you are quite surprised when, upon inquiry, you are told that that is the great surgical Amphictyon of La Charité and of France, M. Velpeau.

Here is a true veteran for you; here is a surgeon with the three requisites—a lady's hand, an eagle's eye, and a lion's heart; here is the man who enjoys the "*digitis monstror præterientium;*" you see, at last, him that you have been hearing of all your life, and before you ever thought of medicine; you have, perhaps, heard your cousin or your friend, who was in Paris years before you, speak of seeing Velpeau cut off an arm, or a hand, on such and such a morning, and you yourself also watch him do the same thing, on the same spot, fifty times; in fact, you see him perform two or three operations almost every morning you take the trouble to be at his amphitheatre at La Charité. He will cut for stone, operate two or three times for cross-eye, take out tumors from the breasts of two or three women, amputate a finger, a thumb or a leg, almost any morning you choose to name, after he has visited these long lines of beds up stairs and down stairs, in male and female wards, and after he has lectured an hour, and all before breakfast. Heaven knows at what hour he has risen!—what he has not written in one of the works he is publishing, on the "*Maladies du Sein et de la Region Mammaire,*" or some other. But I do know that he has not yet finished, because, before his carriage and pair leave the Rue Jacob, in front of La Charité, and when you have gone to the Café de Paris, to Madame Dijon's, to 66 Rue de Seine, or with me to my rooms on the garden of the Luxembourg, *he* has remained to prescribe for a score of what are called outdoor patients, whom he examines as fast as they can be marshalled in a room on the ground flour. Then M. Velpeau's private consultations at his own residence, and his visits, have not yet commenced. But notwithstanding, you will sometimes meet him on the *Pont Neuf*, or the *Pont de Carrousel*, with a young lady on his arm, as like as father and daughter can be, as they walk to the Louvre or the garden of the Tuilleries. And you ask again, is this man, strolling quietly by, the hero of a hundred bloody operations, the creator of bold systems, and originator of new modes of practice—the bold generalizer, who has laid a master hand on almost every department of medicine; who has written a hundred volumes, whom everybody quotes, even men who study specialties, and who recognize that, during a life of ceaseless toil and exertion, *he* has made a specialty of every department of his profession, and has rendered himself as competent to pronounce upon their respective merits as any enthusiast of a single one, whether it be in surgery, materia medica, obstetrics, physiology, diseases of the eye, or anything you please to name. M. Velpeau is a bold, successful innovator in each and every one, and he has stamped his name in every text-book that the student uses. He has written, and now writes, tomes filled with costly illustrations, which the medical world reads and consults, and swears at sometimes, but always quotes or follows. There are none so dauntless as not to do him reverence, none so bold but do not ask what Velpeau said this morning at a clinique. Does he discover anything, he goes to have Velpeau test, and make it go down. With Velpeau's sanction, he is confident against the world in arms, and goes forth with redoubled zeal. Does Velpeau damn the new project, it is like a dash of cold water, and the thermometer of his ardor falls instantly. I think that,

generally, M. Velpeau, after his very large and most enlightened experience and observation, has a right to pronounce, and that he does so cautiously and with discrimination. He has, at times, been quick, and perhaps wrong, and now I think the microscopists will make him rue the day that he decided too dogmatically against their true and false cancers; for, already, MM. Lebert and Robin will show him that the glass is surer and more unerring than the unaided experience of even *his* eye and finger, and he will confess, or what is worse, posterity will do it for him, that true cancer and the unmalignant fibro-plastic growths reveal themselves by signs, more certain than those gained by observation and sight simply. Perhaps, too, M. Ricord, or his successors, will demonstrate, that in proclaiming his doctrine of syphilization, a true advance has been made which time will sanction and enforce, and that its cardinal points are *real*, which M. Velpeau utterly repudiates and rejects *ab ovo*, root and branch. Velpeau must recollect that Ricord, though young and vigorous, resembles him in one respect—*he* does not take vacation either.* An old man, however great, is apt to remember triumphs won in youth from giants, and he grows too confident thereby. He is apt to forget that the tables turn, as age advances and years roll by, and when the conflict lies between the old and the youthful, but, at the same time, the vigorous, the cautious and the observant.

As a lecturer, Velpeau is not remarkable, though he is sufficiently fluent and pleasant. Some new comers find his French easy to understand; but though he does not mumble his words, and splutter, as M. Roux did, yet there are several in Paris who speak very much plainer and better than he. I could cite Trousseau and Maisonneuve for examples. His tone is somewhat monotonous, and however enlivened by an occasional dry jest, yet there is neither much eloquence nor any brilliancy. But Velpeau's attraction is his fame, his knowledge, and the perfect flood of light which his vast experience enables him to throw on every subject. You feel that he utters opinions which you can set down as rules and axioms for your guidance in practice. He speaks *ex cathedra* upon every topic; his words are golden, for they flow refined from a vast mass of material collected during years of earnest toil, a toil directed by an enlightened understanding, and guided by an acquaintance and comparison, with not simply the stores of the past, but with the improvement of modern research.

Old and antiquated notions, and an adherence to early impressions, however false, cling to some who are only distinguished by age, arrogance and imbecility. But Velpeau, clothed in the ancient heavy armor of the veteran, still bears about him the keen and trenchant sword, as sharp and polished as that of any youthful champion around him. He may hedge himself in with precedent and experience, but he is constantly re-examining his precedent, and weighing and comparing his experience with that of others, whilst none contribute more fresh additions to them than himself. As his English compeer across the channel, old Liston, said, "Age is not the test of experience, but the possession of the

* M. Ricord informed me that, with the exception of the last, he had not indulged in the ordinary *vacance* of the Paris doctor for twenty years. He is at the Hospital du Midi the year round.

greatest number of well-assorted facts on any particular subject, whether they be got in five years or in fifty, constitutes experience."

Though Velpeau has a finger quite awry and misshapen, from some wound gained during the pursuit of his profession, I believe, yet this does not at all interfere with his manual dexterity. Not priding himself on it, he is yet ambidextrous. I shall be excused for saying that however skilful in this respect, he cannot surpass our countryman, Mott, who uses either hand, sinister or dexter, with the most perfect indifference to himself. I have seen Mott dissect out a tumor over the wrist of a patient, at a surgical clinique in New York, when he employed his left hand alone; the individual did not lose an ounce of blood, and there were the vessels flowing just beneath, which had been evaded with a nicety surprising to the beholder. We know that, with a few rare exceptions, including some operations on the eye, the surgeon had better always avoid display, and manipulate with the usual and most natural member.

Verily, there is a charm and an attraction about surgery, which deceives and captivates the young, the inexperienced and the unwary. It operates directly upon the senses. There is a brilliancy and a decision about the movements of the glittering knife, which is entirely irresistible. It does its work so directly, suddenly, and without appeal. The sight of the sudden gush of life-blood welling up from the heart itself, has something about it which stimulates and excites; so that most men start to be surgeons as they do to be metaphysicians: but when they are past 30 they find they have been guilty of an expensive blunder, for the proportion of their medical to their surgical cases are as 10 to 1, and time and years are wasted in the attempt to make a Velpeau or a Malgaigne, when they might have been much more respectable and distinguished as a Trousseau, Bouillaud or a Louis.

It neither requires talent nor genius to wield the knife, for the heavy and the phlegmatic, the stolid and the dull, operate when they cannot prescribe, and excise and amputate when they cannot cure. Traumatic injuries and morbid growths are rare in number, and slow in formation, whilst medical cases are frequent, and come thick and fast, at the same time that they demand more time and care for their relief. To be a great *surgeon*, however, in the enlarged application of the term, requires all the qualities of the mere operator, as well as those of the judicious medical man, but there must also be the material to give experience, which only falls to the lot of a very few, even in the largest and most populous cities.

Among his peers, if peer he has, Velpeau is *facile princeps*. See him standing amid his gowned associates, as, for example, when Orfila died, and his body was brought by them into the Church of the San Sulpice; or when he walks into the Academy of Medicine, or sits around the table at the Ecole de Medicine, when they are examining by *concour* that fine band of talented young Frenchmen contending for places. Hear how many of them will quote him, Malgaigne, Nelaton and Roux, and see how queer and characteristic he looks all the while. I always smile when I watch Velpeau!

His hand was sick last year, and it was curious to observe how the Internes flocked around it of a morning—how the sisters, in white caps, brought flax-seed, and the nurses flew for laudanum, and everybody offered their services, whilst old Velpeau disdained them all, and quietly dressed it himself. He never had it done at home, as everybody else would, by some member of his household, but, like a surgeon, he kept it to be taken care of by men in the midst of that theatre, where it had daily, for so many years, been performing such feats. I often looked on and smiled at the fun. I think on one occasion he did let one of them tie it up when he got through, and I presume it will be traditional, or like an heir-loom in the man's family.

Singular to relate, this ambitious acquirer of professional lore does not speak English. Like most of his countrymen, he is content with the French, which they think everybody either does or should understand, and that if they do not, it is simply their loss. One morning, winter before the last, he stopped two or three of us on the stairs, to assist in translating what a raw Irishman said, who was attempting to obtain a certificate of six weeks' attendance upon the surgical clinique.—*Charleston Medical Journal and Review.*

LOCAL ANÆSTHESIA BY CHLOROFORM—FAILURE—DISAPPEARANCE OF THE PATIENT.

Having read the accounts in the Peninsular and other journals of the power of chloroform topically applied to produce local insensibility, I determined to embrace the first opportunity to try it, and if successful, as I doubted not I should be, I was resolved to devise means of using it thus in every case where it was possible, and thus diminish the risk of having a patient drop from my hands into the grave, in the sudden and appalling manner which sometimes occurs. The first case which I deemed a proper one, came under my notice last December. The patient came into my office limping, and on withdrawing his boot, showed me one of those common cases where the nail of the great toe grows into the flesh so as to produce a very painful swelling, rendering walking and the wearing of the boot intolerable. After examining it, I recommended the operation which has latterly come into use for such cases, viz., slicing off the projecting mass of flesh from the side where the nail was imbedded. The patient inquired if it would hurt? I informed him that it would. He then asked advice about taking chloroform. I told him that for so slight an operation it was not advisable to run the risk of taking it internally; but that I would apply it externally, so as to destroy the sensibility of the toe alone, and thus save him both from pain and danger. I then proceeded, according to the directions which I had seen published, to produce the local insensibility. I dipped some lint in chloroform and wrapped it around the toe, and then enclosed the whole in oiled silk to confine the vapor. The results were ludicrous. In the first place, I found that oiled silk will no more confine the vapor of chloroform than a sieve will confine water, or flax fire. It crumbled to pieces almost the

instant the vapor touched it. Failing in this, I took a wide-mouthed vial, and thrust the toe with its envelope, into it, and thus succeeded in securing a close atmosphere of the fluid around it.

I now waited with great confidence for the wished-for insensibility to pain, but was doomed again to disappointment. The surface exposed to the vapor soon began to smart and burn most intolerably. I exhorted the patient to bear it coolly, assuring him it was a sign that the agent was taking effect; that the smarting would soon subside, and be succeeded by a pleasant quietness. Thus encouraged, he bore it manfully for some time, but it still increased to such an extent that at length human endurance could bear it no longer; and in spite of my remonstrances, he tore off the coverings to get relief. I was astonished at such a result, after the accounts I had read, and still thought that it must be owing to the tender and irritated state of the skin, and that I should certainly produce insensibility if I could induce the patient to submit a little longer. With this view, I deadened the sensibility of the surface by rubbing it over with nitrate of silver, and then re-applied the chloroform. This at first worked admirably. The vapor no longer produced pain, and the patient's countenance lightened up with joyful expectation. Soon, however, the smarting began to return, but rather slowly, and I made up my mind that I should now succeed; but as time was passing away, and I had other patients to visit, I told my present one to remain quiet while I was gone; gave him the chloroform bottle with directions to add a few drops every ten minutes to the dressing, and that I would return in an hour, by which time the insensibility would be complete, and I would proceed to operate.

After about an hour, I returned to my office. There sat the patient writhing with anguish in his chair, still resolutely holding his toe in the vial and adding new chloroform every ten minutes according to directions. I asked him if he felt easy yet; he informed me in very explicit language that he did not, and that he had as lief hold his toe in the fire. As the application had now been continued two hours, I gave it up, half provoked and half laughing at my egregious failure. I took off the dressings, and satisfied myself, by examination, that the skin retained all its sensibility to external touch. I informed the patient that I had not succeeded in producing insensibility, a fact of which he was already well aware; whereupon he drew on his boot and departed, since which I have not seen him.

Whether my failure was owing to my ignorance of the proper cases adapted to such treatment; or of the proper mode of application—or whether the local anæsthetic power of chloroform is a delusion, I am not able to say. If the experience of any physician who reads this has been different from mine, I hope he will communicate it to the world; for if the local anæsthesia can really be obtained, it is a discovery of the utmost value, and should be made public, with such details as will enable all practitioners to avail themselves of it.—*Peninsular Jour. of Med.*

ALCOHOL IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I should feel exceedingly grieved at being the cause of disturbing the incubation of those "facts and arguments of great importance" with which Dr. Gilman promises soon to enlighten us; but as two articles have already appeared from him in reply to the few remarks of mine in the Journal of May 29th, I fear that, notwithstanding he requests a "suspension of criticism," he might consider himself neglected should I remain entirely silent. Therefore, while justice to myself demands a brief reply, it will be more respectful to him; and besides, it may serve to keep the "subject alive" until his theory is brought to perfection.

It is as well, perhaps, to return to the starting point in the controversy. His first article is headed "Alcoholic Liquors in the Practice of Medicine," and all that follows is an attempt, on his part, to prove, not only that alcoholic liquors are *not* indispensably necessary in the practice of medicine, but that they are positively injurious in patients reduced by fever, or in debility from other causes; and the quotations from Carpenter were introduced to sustain these views. But Dr. G., in his last article, says—"I quoted Dr. C. to show what was its precise operation on the body in a healthy state. I referred particularly to convalescence in fever, where there is no disease, but simple debility." And again, in substance, he says that every article in the materia medica has the same effect in health and in disease, differing only in degree—that if alcohol acts injuriously on the system in health, it will do so in disease.

Now this is plain and to the point—but I think it must be evident to any one of ordinary comprehension, that the doctor has again overshot the mark, and in avoiding Scylla he has run against Charybdis; for, will not this theory apply as well to calomel and opium—medicines extolled by Dr. G.—and nearly all of our best remedies in disease? It would occupy a good many pages of your Journal, Messrs. Editors, to detail the evils that mercury and opium have done; but do not be alarmed, I shall not undertake the task. Dr. G. must admit that this is a fair application of his theory, or solve the difficulty as best he can.

But do medicines have the same action in health as in disease? And can the action of medicines in disease be inferred from their action in health? In answer to the first of these questions, I would merely remark, for the present, that for every change in the animal chemistry —changes in the solids and fluids of the body—we may expect a corresponding change in the action of those medicines which act chemically. And in reply to the second question, I would ask if we can infer, from the operation of quinine, arsenic, and chloride of sodium, on the healthy body, that they will cure intermittent fever? Opium will sometimes purge, and it frequently fails to produce sleep in delirium tremens, and in tetanus it has been given in enormous quantities without producing the least appreciable effect. Quinine and iron act as purgatives sometimes, and strychnia has moved the bowels after the most powerful

purgatives have been used in vain. Now how could such effects be inferred from the action of these medicines in health?

This doctrine of Dr. G.'s smacks somewhat of homœopathy; practitioners of that school prove all their medicines by giving them in health. Perhaps he has taken a sly peep into Hahnèmann, and been dazzled by its false light. If so, I would advise him to return to legitimate medicine, and he will find the doctrine that "the operation of a medicine in each disease can only be learned by actual experiment," is not new, although new to him. The subject is pretty fully discussed in Bartlett's "Philosophy of Medical Science."

The most amusing part of the doctor's article is that in which he expresses his "design" to expose the inconsistencies of Dr. Carpenter. I have seen many sudden changes, but I was hardly prepared for this threatened attack upon his own authority—and, in fact, the attack has already commenced, either on Carpenter or himself; for Dr. G. says that alcohol passes through the system unchanged; and in his first article he introduces Carpenter to prove that the oxygen in the system converts it into carbonic acid and water. What next!

The doctor says he called alcohol "not a *stimulant*, but an irritant poison." Let him turn to the first page of his first article, where he speaks of harnessing comets to roailroad cars, and he can read—"as a *stimulant* alcohol possesses great power," &c. And again he says, that he stated in his first article he "would not take the responsibility of deciding whether any stimulant was ever necessary in cases of convalescence from fevers." So he did—but he had previously decided against their use. Perhaps he does not recollect. It is to be found on the same first page above alluded to.

Dr. Gilman says that I "took him up" for stating a "principle which has been established for thirty years," and which he "supposed was understood by every schoolboy." This is an addition to his authorities, in which he seems to be quite as unfortunate as with Dr. C. It was not the principle itself, but the use he made of it that I "took him up on." Very likely it is understood by every schoolboy; but I very much doubt whether any one of them would make a similar application of it. But enough of this—the doctor has his hands full already, and it would be a pity if he should get at loggerheads with the schoolboys.

Dr. G. does not like to be called a philosopher, it appears. He is too modest. Why, the celebrated Dr. Pangloss *boasted* of the honors he received merely for a treatise on erecting dove houses on a principle tending to increase the propagation of pigeons; and surely Dr. G. ought not to object to this mark of distinction after his invaluable discovery in the treatment of delirium tremens by morphine and cold water, which he assures us not only has advantages over the old plan in combating the disease, but it corrects the patient's morals, and opens his eyes at the same time. I stand by my original assertion—the doctor *is* a philosopher.

There are other points touched on by Dr. G. that might be turned to good account; but as I have already gone beyond the brief limits promised in the commencement, I shall content myself by respectfully ask-

ing the doctor for his authority for saying that Carpenter does not recommend alcohol in cases of debility?

I feel exceedingly gratified at being able to contribute to the doctor's happiness by giving my name. I had no particular reason for withholding it, but could not see what advantage it would be to any one in a controversy of this kind. THOMAS BOND, M.D.

No. 1 *Spring Garden st., Philadelphia, Aug.* 28, 1854.

ON THE PROPAGATION OF BEES—THE QUEEN BEE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 1st February, 1854, there appeared in your Journal a communication over the signature of Apiarius Medicus, to which I beg leave to reply.

The writer of that communication, after naming three kinds of Bees, which, according to his theory, form a perfect colony, alleges and aims to prove that the queen is a *male* and the drones are *females*. The evidence upon which he relies in support of his theory fails to carry conviction to my mind, and I am a little surprised that he should have been so easily convinced. It appears, however, that his theory was fixed prior to the making of his investigations; for he says—"I have brought to view the object of my wish." "I could not make it appear consistent with reason and the natural order of creation, that such a numerous progeny of insects of any race could be produced by one female," &c.; "a doctrine unnatural and inconsistent, to which I never gave full credit." With such a starting point, it is not difficult to predict upon which side of the question the inquirer will be found when his investigations are completed. We expect that he will "bring to view the object of his wish," or establish his preconceived theory.

1st Experiment. A few days after placing a very small swarm of bees, composed only of workers and a queen (so called), the writer introduced a drone. "It crawled," he says, "on the floor of the hive for a little distance, when the *so-called* '*queen*' dropped down and gendered the drone, similar to that of a house-fly. I then put in two more drones, which it did not touch; but on putting in the fourth, the operation was again performed." I infer, although it is not distinctly stated, that the queen, so called, was uppermost during the act of coition, and that the position of the parties constituted the data from which the writer draws his "satisfactory and unerring conclusion." Every careful observer knows that house-flies, when they cohabit, are seen sometimes in the position of the bees in question upon the floor of the hive, one upon the other. At other times they are found apparently locked together face to face. The same is true of spiders and other insects. It is common for female beasts and birds, at certain seasons of the year, and when they are in a certain condition, to mount the males of their kind. Examples of this are found among our domestic animals, pigeons, and the various kinds of birds which frequent our fruit yards. *The position of the parties alone, proves nothing.* We need

other and a different kind of evidence to show from which party the sperm proceeds during the act of coition. Yet the writer says, "It satisfied me that apiarists and others are and have been laboring under a mistake." It may have satisfied the writer, or served to confirm him in his preconceived theory, while it fails to convince and satisfy others.

2d Experiment. I have no doubt that the writer found, upon a dissection of the so-called queen, as he has stated, what he denominates the organ of generation, and that the same thing is protruded with the sting when the abdomen is pressed between the thumb and finger. But I would inform him that the organ in question is the extremity of the oviduct, and upon a very nice and critical anatomical examination he will find connected with it two ovaries and a sac, which in the impregnated queen contains spermatozoa received from the drone. This organ should not have been named by the writer until its appendages were carefully dissected out, as they have been by Dr. Joseph Leidy, of Philadelphia,* and he would then have found occasion to adopt a different nomenclature. The same phenomenon will be witnessed, or the same organ will be protruded, from the house-fly if its abdomen is pressed in the same manner.

3d Experiment. Dissection. The eggs which the writer found in the drone, upon dissection, in all probability were small globules of fat, for such are sometimes found lining their intestines. It was natural and easy to mistake on this point. I shall take it for granted that he was mistaken, until he gives us the size, shape and color of such eggs, or preserves some of them for ocular demonstration.

Additional circumstance. The fact stated that some colonies of bees destroy their drones earlier some seasons than others, or that bees generally destroy their drones earlier some seasons than others, is admitted. But the writer's inferences are far fetched. 1. He infers that the bees foresee a scarcity of honey. 2. That they destroy the drones to prevent them laying more eggs, with a view to avoid the rearing of the young beyond their means of support. So far as I know, no one has given us what may be regarded as the true rationale of the procedure named above. The things stated are to be regarded as mere inferences until some proof is produced that they are facts.

I wait for further evidence before I adopt the conclusions of the writer. All that he has stated of phenomena as brought to view in his investigations is consistent with the generally-received theory in regard to the social organization of the honey bee and its mode of propagation. I would refer you to a statement of Rev. W. Dunbar, a Scottish apiarian, touching the point in question. "When the queen is about to lay, she puts her head into a cell, and remains in that position for a second or two, to ascertain its fitness for the deposit which she is about to make. She then withdraws her head, and curving her body downwards inserts the lower part of it into the cell; in a few seconds she turns half round upon herself and withdraws, leaving an egg behind her." Swammerdam in his history of insects has given a most beautiful drawing of the ovaries of the queen. Dr. J. Leidy states, in his reports relative to a queen

* Probably the most distinguished naturalist in the country.

which was submitted to him for microscopic examination, that "her ovaries were filled with eggs." Rev. L. L. Langstroth, speaking of the fertility of the queen, says, "In my observing hives I have seen her lay at the rate of six eggs a minute." Will your correspondent give us the origin of those eggs which are found in the hive of every thrifty colony of bees during the months of March and April, and in which no drones are found. I have such hives, which have been subjected to the severest scrutiny.

I may give you the results of my own observations in detail, at some future time. The communication to which I have now replied, was copied into some of our weekly papers, and not a few regard me as its author. Its paternity will be sufficiently disavowed by giving my own signature to this reply. HENRY EDDY.

North Bridgewater, August 16, 1854.

MORTALITY AMONG CHILDREN.—NO. II.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—When I call to mind that the character of your work varies somewhat from that of its predecessor—whose motto was "The best part of the medical art is that of avoiding pain," I begin to doubt whether you have room for short articles from time to time on prevention. And yet, medical men in general are not so lost to philanthropy, and even to common humanity, as not to look a little at prevention now and then. They know something of the pain I have often experienced on reflecting that while I have been the means, apparently, of extending the lives of some of my consumptive patients from one to thirty years, it has had one terrible effect which philanthropy herself scowls at—it has served to propagate and perpetuate a feeble race. Still, cure we *must have*, and *will* have; and postponement, and palliation. It won't do to let the feeble die off if we can help it.

The subject I broached in a late number of the Journal on infantile mortality is one of serious and alarming import. The paper from which I quoted was probably correct, for during the week ending about the middle of August the New York Independent states the whole number of deaths in the three cities I have mentioned, at 1,790; while that of those under 5 years of age was 936, considerably more than half, still. Such a mortality is indeed frightful. What are we to think of the habits of people when half the children in families die under 5 years of age? What would be thought of the good sense and right treatment of domestic animals where half the lambs, pigs and chickens should die thus prematurely?

I spoke of the use of salæratus as in the front of a long list of transgressions. I ought to have particularized. Dr. Hammond, of Killingly, Ct., first called my attention to this subject, ten or twelve years ago. He confessed to the use of ten pounds in his small family in a year,

and said he was very far from being alone. Soon after that, I went down East, and learned something of the state of things in New Brunswick and Maine. I found that in Bangor ten or twelve pounds a year were very common. So I found it afterwards in some portions of Massachusetts and Connecticut. Col. Ivers Phillips, of Fitchburg, five or six years ago, told me that in a family of ten persons they used twenty-five pounds a year; and Mrs. P., who was present, endorsed the assertion. The smallest quantity I have known used in any ordinary family, except my own, is about five pounds. In Ohio, families who were at first disposed to sneer at my statements, confessed to the use of six or eight pounds yearly.

My deliberate conviction is, that the families of twenty millions of people in our United States population—amounting to about four millions—use the average quantity of five pounds of this alkali yearly—or one pound to each individual. This is an aggregate of twenty millions of pounds. How much of this goes into the alimentary canal and courses its devious way without meeting with any free acid or other substance calling into play new affinities, cannot easily be told. In these days of excess in its use, I fear one half. But to be safe, I will place it at one fourth. Is it so, then, that the lining membranes of our people—our children among them—must be irritated yearly by 5,000,000 pounds of uncombined—unneutralized salæratus? The very thought is enough to make one shudder!

From ten to twenty grains of this substance is sometimes put down in our medical dictionaries as a dose. Place it at thirty. Do we swallow 960,000,000 doses of medicine a year, in this careless, uncalled-for manner? What effect can medicine be likely to have, when given in an emergency, to children who have been irritated day after day, and year after year, in this way? I have said irritated—not poisoned. Yet Orfila, I find, calls salæratus an irritating poison, and gives us a long list of its terrible symptoms. I need not detail them in a Journal designed for the profession; but they ought to be hung up in letters so large that they could be read at any distance all over the country. They would make some of our house-keepers stare—and it ought to do so.

Let us make one more estimate. I have not facts to bear me out in what I am going to do, because I have not the patience to gather them up—scattered as they are up and down the earth's surface. But I suppose four maximum medical doses of this article, taken at once, would be called excess; and this excess would be evinced by some or all of Orfila's "symptoms." In short, the individual who should take such a dose would be poisoned. I do not say he would certainly die, for I am not warranted in this. But I do say that, in all probability, he would not greatly desire to take another such dose immediately. But 5,000,000 pounds of this alkali—the quantity we supposed to be swallowed yearly unneutralized—would at this rate be 240,000,000 doses of the poison. It would poison all our 20,000,000 of white people in the Union, twelve times each, or once a month, for the whole year. But enough for the present.

Auburn Dale, Aug. 25, 1854.

CHINESE PHARMACY.

[A CORRESPONDENT of the American Journal of Pharmacy, writing from California, furnishes the following interesting information respecting the science of pharmacy among the Chinese portion of the population of that country.]

Having often read with interest, articles concerning the "State of Pharmacy" in other countries than our own, I have thought that a few observations I have been recently enabled to make in regard to the medical and pharmaceutical knowledge of the Chinese might not prove uninteresting; especially as this ancient and singular race is at present attracting the attention of the civilized world.

We have often read and heard that they have no regular system of medical practice, but depended for a cure, when sick, on incantations and superstitious orgies, similar to those practised by many of the Indian tribes of North America. This idea we believe to be untrue, as it is at total variance with our own observations.

The city of Sacramento is the great interior depôt for the Chinese in California. Here a portion of the town is wholly peopled by them—in fact, presents a miniature of a Chinese city, and as such is often visited by persons who desire to become better acquainted with the habits of this strange people.

Hearing an apothecary was located there, I resolved to make him a visit, and accordingly recently started on what I at first supposed would be a fruitless errand. Fortunately, at the onset I met with an intelligent Chinaman, who had been partially educated by the missionaries, and who could quite readily express himself in the English language.

This gentleman very kindly took upon himself the task of accompanying us, and explaining all that became necessary. The exterior of the shop we visited was in no wise dissimilar to those of other occupations. A sign over the entrance alone gives the passer-by a knowledge of the business followed within.

The sign, in the present instance, must have cost the artist considerable labor. All of the complicated Chinese characters were deeply graven in the wood of which it was composed; gold and bright vermillion appeared in abundance; and a rich silk drapery, arranged in a tasteful manner, hid the edges from view.

The inscription, when translated, read—"Tung Fuk Tung," and was the name of the "Teacher" with whom the proprietor of the shop had studied for a term of years.

On entering we were struck with the absence of fluid preparations, and throughout our examination we discovered but one article of this kind, and not a single mineral preparation.

A narrow, but very high counter, a range of gaudily-painted drawers, wide shelving, and sundry Chinese stools, constituted the shop furniture. The shelves were mainly occupied by bundles containing roots, herbs, &c.; and it will astonish many when they learn that we counted over 1,100 bundles, each marked with a different character, and all brought from the Celestial Empire, thus proving that the "materia medica" of

the Chinese is in no wise deficient in the number of remedies. The drawers were divided into six compartments: unique porcelain "galley pots" occupied the shelving immediately over them; and above, ranged in regular order, were fancy packages, containing very diminutive bottles of strong ol. mentha piperita, and a peculiar kind of musk, artificially manufactured. We also saw various compounds, with long-written papers attached, the true nature of which we were unable to determine; but from the remarks of our companion, we strongly suspected that even the "Celestials" were not free from the "cure-alls" and "patent nostrums" which flourish so greatly in the United States. The mortars used in compounding are composed of porcelain and iron, the shape being somewhat different from those manufactured by the English.

For powdering, an exceedingly uncouth instrument is used. It is made of iron, about four feet long, and the inside resembling a whaleboat with a depressed centre and elevated ends. A heavy iron wheel hung on a wooden axis is made to revolve in the channel, the motive power being the feet of the operator. This quickly and easily reduces most substances to a powder.

Various sizes of knife blades arranged on the end of an elevated trough, in a similar manner to the old style of straw-cutters, are in use for cutting up roots and bark; also large shallow baskets for drying purposes.

The scales show the great antiquity of the people. They still disdain to use other than those which have been in use for centuries. These have but a single plate and a long beam, the weight sliding on this last, similar to the old-fashioned steelyard. Many, however, are of fine workmanship, and in the hands of a skilful person prove very accurate.

For writing their prescriptions, labelling, and in fact for all kinds of writing, they use the camel's-hair pencil and India ink. Each store has these laid on a small stone slab, and rice paper by the side for immediate use.

We now come to the nature of the remedies given by Chinese physicians for the cure of the sick. A Chinese always prides himself on the ancient origin and unchangeableness of his people, and it is probable that but few articles have been added to their "materia medica" for many hundred years. Unfortunately, out of the numerous articles we examined, but very few were familiar, and the similitude of their uses with our own induced us to copy them. They were panax, mentha viridis, mentha piperita, cinnamomum, glycyrrhiza radix, scilla, senega, ulmus cortex, rheum, resina, maranta, carbo ligni, ficus, camphor, moschus, anthemis, hordeum, aurantii cortex, crocus, dried snakes and dried flies.

The ulmus, maranta and hordeum, are used as articles of diet for the sick; the cinnamomum, aurantii cortex, glycyrrhiza, &c., for flavoring and disguising medicines of a nauseous taste; camphor as an aromatic, and decoctions of senega and scilla as expectorants. The dried snakes are only for external use in rheumatic pains; but the dried flies, which greatly resemble the "cantharis vesicatoria" of the United States Phar-

macopœia, we were repeatedly assured were given in cases of *gonorrhœa*, and were considered in that disease as a specific, thus proving their acquaintance with the diuretic properties of the article.

Nearly all medicines are given in the form of a decoction, and each prescription usually contains from 12 to 20 articles.

During sundry visits to our Chinese professional brother we have seen him compounding, and we have never noticed less than twelve articles in any of the prescriptions he has compounded while we were present.

Through his politeness we were favored with a written recipe for fever and ague, which he compounded for us, and which presents a singular appearance to the American eye. We have forwarded a portion to the editor of the American Journal of Pharmacy for inspection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 6, 1854.

Adulterated Drugs.—The Secretary of the Treasury of the United States is causing a circular to be prepared, to be sent to the Collectors at the different ports, with the design of preventing the importation of spurious or adulterated drugs. There is no doubt that the Secretary has been influenced in this matter by the action of the American Pharmaceutical Association, whose members have, as a body, labored zealously for the accomplishment of this object. The next step to be pursued by the State or District Pharmaceutical Associations, is to get laws enacted, which will prevent evil-disposed persons from falsifying drugs and chemicals in this country. The drug inspection law which was passed by Congress, has certainly been of some service, inasmuch as we have been able by its means to ascertain, to a certain extent, what kind of drugs are most frequently vitiated. It was not supposed, by the friends and projectors of this measure, that imported drugs, after having passed the inspection as pure, or nearly so, would be largely adulterated by unprincipled dealers in this country, thereby increasing the evil which it was designed to remedy. The enactment of laws by the several States to prevent this, and their rigid enforcement, is the only remedy, and we hope it will be tried at once.

Vicious Medical Advertisements.—It was mentioned in No. 26 of the last volume of this Journal, that a society had recently been formed in London and Manchester, England, called "The Union for Discouragement of Vicious Advertisements." It would be exceedingly gratifying to have a similar society in this country, and we verily believe such would meet with a hearty co-operation from a large and respectable portion of the American people, notwithstanding their reputation of being great patrons of quack nostrums.

Distillery Milk.—The City Inspector of New York has lately presented to the Board of Councilmen of that city, a very elaborate and exceedingly interesting report upon the subject of "*Slop Milk*," which is furnished to so many of the citizens of New York. Appended to it, is a communication

from the Superintendent of sanitary inspection, and a portion of it will give our readers some idea of the gross fraud and inhumanity which are practised by the New York milk-men.

"These cow-stables are built in three rows, on the block bounded by Tenth and Eleventh avenues, Ffteenth and Sixteenth streets, and they extend from Tenth nearly to Eleventh avenue in length—one row is on Fifteenth street, one on Sixteenth street, and one nearly in the centre of the block, with an alley-way on each side of the centre row, the alley-ways being from 12 to 20 feet wide. The lower portion of the row of cow-sheds on Sixteenth street are built of brick, two stories high, and far superior in every way to the others; the others are mere sheds, but one story high, and 'low at that.' In each of these sheds the cows are placed in double rows, the width of the shed, and there is a slight descent made from the head of each stall to the centre of each of the double rows, for the excrements and filth from the cows to run off, and a trough is placed on the lower and outside of each shed to carry off the said excrements and filth from the premises; but neither answer the purpose well, the descent is not sufficient, nor the trough properly constructed, and if the cows' excrements were of a healthy or natural character, the troughs, &c., would be entirely useless.

"I found these cow-sheds, on the day I visited them, occupied by 1,538 cows, and over 60 horses, besides goats, turkeys, geese, chickens, &c. &c.

"The space allotted to each cow does not exceed three feet in width—the space in length is sufficient; each cow is fastened to her limited space by a short rope. The ceilings of all these sheds are very low, and scarce any place for ventilation, except the doors, and they are very few and narrow, and the air in them is extremely foul, filthy and sickening, and although it was a coolish day, the poor cows were panting for breath and air, and apparently in a feverish condition. Indeed how could it be otherwise, confined, as they are, in their close, hot and unventilated sheds, surrounded with a noxious, filthy and stinking atmosphere, not a ray of God's sunlight to shine on them, nor a breath of pure air allowed to pass through their nostrils.

"Indeed, so foul is the air in these stables, that the health wardens who accompanied me were compelled to suspend the inspection for a time, to recover from its sickening effect upon them.

"The cows kept in these sheds are fed upon the swill and slops made at the distillery of Messrs. Johnson ———, which is situated on the block west of these premises, and the swill is brought under the street by means of pipes to the swill reservoirs in the yards of the cow-sheds, and from thence is forced into the troughs placed in the stables, and from which it is eaten. This swill is given to each cow three times daily.

"The Messrs. Johnson ——— own these sheds, and supply the swill to the cows; the owners of the cows pay them for rent, and swill for each cow, the sum of nine cents per day.

"I was told that some of the owners of the cows gave them hay and meal, but I saw no evidence of such fact.

"The cows are milked twice each day. There are about 43 owners of cows stabled there; they own from 6 to 200 cows each. They all sell milk, beside others who purchase milk there to sell again.

"In the course of my inspection, I found one individual, who owns or keeps cows on the premises, in the act of mixing the milk from these heated, feverish and swill-fed cows, with a certain mixture which he called burnt sugar, put in the milk, as he coolly told me, for the purpose of giving

it a proper, rich, creamy, and natural color, it having been watered to that extent that it became necessary to give it proper color; as if the milk from those poor, poisoned, grass-forsaken cows, without sunshine and without pure air, fed on slops and swill, was too good, too pure, too rich to sell to his customers without reducing it to a proper degree of strength, and then sugar it to a proper color.

"Around these stables, painted in glowing colors, are the wagons of these persons to carry forth and retail this rich, pure, and sugar-colored milk; and many of these wagons are not only emblazoned with the owner's name, but have also painted on them conspicuously, in letters of gold, 'Westchester County Milk.' 'Pure Country Milk.' Morrisania Milk,' &c. &c.; and with these false signs palm off their sugar, chalk and egg, swill and slop mixture, as 'Pure Country Milk;' sending death or disease wherever it is used."

Pillow-drinking Tubes.—Mr. Burt, the manufacturer of the "Pillow-drinking tube, writes us, that, by an improved process, he is enabled to make the article with greater facility and cheapness, and he has therefore reduced the price one half. It will be recollected that we made mention of this useful appendage to the sick chamber, in a previous number of the Journal, and it affords us pleasure now to speak of it again, particularly as it is offered for sale at a reduced price. Mr. Burnett, in Tremont Row, is the Boston agent.

Optical Instruments.—Until within a few years past, we have been dependent upon European manufacturers for our best optical instruments. Indeed, it has been supposed that the glass from which the lenses of microscopes and telescopes are made, could not be manufactured in this country of sufficient purity. But we now have abundant evidence that such ideas are erroneous. Not only can the *raw* materials, which compose them, be well prepared here, but the finish and perfection of the instruments will favorably compare with any which are made in Europe. We have lately had an opportunity of examining some very fine microscopes, telescopes, magnifying glasses, and other optical instruments, which were manufactured for the use of physicians by Mr. L. Dessauer, No. 4 London street, in this city. They are not only well made, but are sold at very low prices. There is no necessity of importing instruments of the kind, when they can be obtained in such perfection, in this country, as those we examined.

Prepared Flax for Surgical Purposes.—This excellent absorbent for drying cavities in the operation of filling teeth, or as a dressing for ulcers, is now prepared and sold by B. S. Codman & Co., 57 Tremont Row. We consider it, for most surgical purposes, superior to the best sheet lint ever manufactured. It is put up in convenient packages, at twenty-five cents each.

Sweet Tincture of Rhubarb.—A subscriber at the West requests us to publish in the Journal, the formula for making the "*tr. rhei dulcis*," which was one of the ingredients of a *cholera* compound, that we recommended some time since to be given in the early stages of that disorder. The best formula we know of for making it, is the following—R. Rad. rhei opt. contusæ, saccharum officinarum, aa ℥vij.; rad. glycyrrhizæ glab. contusæ,

seminæ anisum contusæ, aa 3 iij.; alcoholis dilut., Oviij. M. Digest for two weeks—or displace in a percolator.

Great Fatality from Cholera.—In the parish of St. Michael, in Barbadoes, the cholera has raged fearfully—almost without precedent. The Philadelphia Medical Examiner gives a daily report of the deaths produced by it for one month—from May 14 to June 14 inclusive, by which it appears that 2807 deaths took place in that time. The population of the parish in 1851 was 37,466—of which 5,313 are whites, and 32,153 colored. The per centage of deaths therefore was about 7½ per month, or 1 in 13.34 of the inhabitants. The usual annual mortality of the whole island is about 1 in 65. Not more than 5 per cent. of the cholera deaths were among the whites. In Paris, in 1832, the total of deaths by cholera in the month of April was 12,733.

The Cholera.—Although, as mentioned in our last, the cholera has abated in most of our large cities, there are certain places where it still rages. One of these is Fall River, in this State, where it appears that up to Saturday last no less than 58 deaths by it had taken place. It will be seen by our weekly report that only 12 fatal cases occurred in Boston last week. In St. John, N. B., and Portland in the vicinity, the number of deaths by cholera is stated to be over 700. It is now subsiding there. In many parts of England, we perceive by late advices, the cholera is re-appearing after having greatly subsided or entirely disappeared. In London, 133 cholera deaths took place during the week ending July 29th. In the vicinity of London fatal cases also occurred during the first week in August, and in all the hospitals of London wards were prepared for the immediate reception of cholera patients. In Leghorn, Florence and Naples, the disease was also prevailing.

Unsuccessful Operation for Stone in the Bladder—Coroner's Inquest.—A case has recently occurred at the Royal Free Hospital, London, which has given rise to proceedings of a most important and exciting nature. It seems that a child, named Alfred Richardson, 3½ years old, with stone in the bladder, was brought to the Hospital on the 7th of April. On the 13th the child was operated upon, under the influence of chloroform, by Mr. T. W. Cooke, Surgeon to the Hospital. The operation lasted, after the administration of chloroform, about an hour and a quarter, but the child was not under the influence of chloroform the whole time, and there were conferences, during portions of it, among the medical men present. The forceps were introduced, but no stone extracted. Mr. Cooke is a young man, and had never performed the operation before; he was embarrassed and disconcerted by his failure, and in the opinion of Mr. Surgeon Coulson, one of the witnesses, his knife slipped out of the groove, and passed between the bladder and the rectum. Mr. Wakley, Jr., son of the editor of the Lancet, was present, and assisted by examining with the sound, after Mr. Cooke's failure. After the operation, the child was in a state of collapse, from loss of blood and the effects of chloroform. The child died on the 16th of April. About a month after, an inquest was decided upon, instigated in part, at least, as appears from the evidence, by Mr. John Gay, who had lately been dismissed from the post of surgeon to the Free Hospital. Mr. Wakley, Sen., was ap-

plied to as coroner, but on account of his connection with the assistant surgeon, the inquest was held by Mr. Baker, another coroner. It commenced on the 17th June, and continued, with intermissions, to the 18th of July, occupying ten days. Counsel were employed on both sides, and the excitement and confusion were several times so great that the jury rose in a body and declared they would not proceed. One cause of the delay, was the proof, by witnesses, that £100 had been paid to stop the proceedings of the inquest. After much investigation, it was found the money was furnished by Mr. Steele, one of the governors of the hospital, but it had been squandered so injudiciously that Mr. S.'s purpose had not been answered. The verdict of the jury, on the tenth day, was as follows:

"That the deceased, Alfred Richardson, died of inflammation caused by an operation unskilfully performed by Mr. Thomas Weedon Cooke and Mr. Thomas Wakley, jun. That the jury, finding great difficulty in coming to a satisfactory conclusion respecting other matters deposed to before them, they have resolved to exercise the discretion permitted to them, by declining to give any opinion upon them."

Mr. Cooke immediately sent in his resignation as surgeon to the hospital, but it was not accepted, and he was unanimously requested to continue in his office.

The Inquiry of the Lunatic Commission.—As some misapprehension has existed in regard to the extent of the answers expected of the physicians to whom these letters have been addressed, we are requested to state, that

The Commissioners desire each physician to report only such patients as are in, or belong to, the families that come under his usual professional oversight. Those who are now in hospitals need not be reported.

The names are asked merely to correct any mistake from any patient being reported by more than one, and therefore of being counted twice. If there is no danger of this, the name need not be given, and in all cases the initials will be sufficient.

Those physicians who know of no such patients in their ordinary sphere of professional responsibility, are requested to return the schedule with their name and the word *None*. This will save the Commissioners some doubt, and any further labor.

It is hoped that all answers will be forwarded before the middle of this month.

PAMPHLETS RECEIVED.—The Transactions of the Medical Association of Southern Central New York, at the eighth annual meeting, held at Homer, in June.—The Transactions of the Fifth Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, N. C., in May, 1854. Both of these pamphlets contain much useful and interesting matter, portions of which we may copy hereafter.

MARRIED,—In Russellville, Ky., on the 15th ult., P. H. Tanner, M.D., of Benton, Ala., to Miss Emma J. Wilcox, of Russellville.

Deaths in Boston for the week ending Saturday noon, Sept. 2d, 107. Males, 56—females, 51. Accident, 3—bronchitis, 1—disease of the bowels, 1—congestion of the brain, 2—burns, 1—consumption, 12—convulsions, 2—cholera, 12—cholera infantum, 7—cholera morbus, 1—croup, 1—cancer, 1—dysentery, 18—diarrhœa, 2—dropsy, 1—dropsy in the head, 3—drowned, 1—infantile diseases, 11—puerperal, 1—epilepsy, 1—typhus fever, 1—typhoid fever, 1—intemperance, 1—marasmus, 4—mortification, 1—old age, 2—palsy, 3—pleurisy, 2—scrofula, 1—smallpox, 2—teething, 4—thrush, 2—unknown, 1.

Under 5 years, 49—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 16—above 60 years, 5. Born in the United States, 70—Ireland, 33—England, 1—Germany, 1—Jamaica, 1—Island of Jersey, 1.

Buffalo Medical School.—We learn from the Buffalo Commercial Advertiser that Dr. Sanford B. Hunt, of that city, has been elected to the Chair of Anatomy in the Medical Department of the University of Buffalo, rendered vacant by the resignation of Prof. Moore, who is about to remove to Columbus, Ohio, to take the Chair of Surgery in the Starling Medical College in that city. To the members of his profession Dr. Hunt is widely and favorably known by his writings in the Buffalo Medical Journal, of which he is joint editor with Dr. Austin Flint. Dr. John Boardman, of Buffalo, takes Dr. Hunt's former position in the University as Demonstrator of Anatomy.

Merited Honor to Professor Cleveland.—We learn from the Boston Daily Advertiser that a subscription paper is in circulation among the graduates of Bowdoin College to procure a portrait of Parker Cleveland, the distinguished Professor of Chemistry in that institution, whose connection with the College will next year complete the term of half a century. The first name upon the list of subscribers is Franklin Pierce, President of the United States. The paper also contains the names of Henry W. Longfellow, Ephraim Peabody, John P. Hale, Wm. H. Allen, President of Girard College, and many others. The painting is to be executed and disposed of under the direction of Prof. Longfellow, Rev. Dr. Peabody, George C. Wilde, and John A. Andrews, Esq. We understand that the paper may be found at the office of the last named gentleman, No. 4 Court street, where graduates of the College may have an opportunity to subscribe to it.

UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—The Eighteenth annual Course of Lectures in this Department, will commence on the 30th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN R. PALMER, M.D., Prof. of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M.D., Prof. of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M.D., Prof. of the Principles and Practice of Surgery.

HENRY MILLER, M.D., Prof. of Obstetric Medicine.

LEWIS ROGERS, M.D., Prof. of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M.D., Prof. of Medical Chemistry and Toxicology.

AUSTIN FLINT, M.D., Prof. of the Theory and Practice of Medicine.

T. G. RICHARDSON, M.D., Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is $15 (105 in all), payable invariably in advance. Matriculation and Library fee together, $5; Graduation fee, $25; Practical Anatomy and Dissection (ticket to be taken at least once before graduation), $10. Rooms open from 1st October.

A preliminary Course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.—Ticket (to be taken once before graduation), $5.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the class.

☞ Good boarding can be procured at $3 a week.

L. P. YANDELL, M.D.,
Dean of the Faculty.

Louisville, Ky., June 14, 1854. je28—

DR. CHANNING has removed to No. 24 Bulfinch street, corner of Allston street.

Office hours from half past 7 till 9 A. M., and from 1 to 4 P. M. May 17—tf

TO PHYSICIANS.—Physicians wishing to dispose of their practice and property *may* hear of a chance by addressing, post-paid, with *particulars*,

INNOMINATA, M.D.,
July 12.—5t *Mast Yard, N. H.*

UNIVERSITY OF NASHVILLE—MEDICAL DEPARTMENT.—The Fourth Annual Course of Lectures in this Institution will commence on Monday, the 30th of October next, and continue until the first of the ensuing March.

ROBERT M. PORTER, M.D., General and Specia Anatomy.

J. BERRIEN LINDSLEY, M.D., Chemistry and Pharmacy.

C. K. WINSTON, M.D., Materia Medica and Medical Jurisprudence.

A. H. BUCHANAN, M.D., Surgical and Pathological Anatomy.

THOMAS R. JENNINGS, M.D., Institutes of Medicine and Clinical Medicine.

W. K. BOWLING, M.D., Theory and Practice of Medicine.

JOHN M. WATSON, M.D., Obstetrics and the Diseases of Women and Children.

PAUL F. EVE, M.D., Principles and Practice of Surgery.

WM. T. BRIGGS, M.D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October.

A full *Preliminary Course* of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

A Clinique has been established, in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Arrangements have been made to accommodate all patients requiring surgical operations.

Amount of Fees for Lectures in the University is $105. Matriculating fee (paid once only), $5; Practical Anatomy, $10; Graduating fee, $25.

Excellent board can be obtained for $3 per week. Further information can be had by addressing

J. B. LINDSLEY, M.D., *Dean of the Faculty*,
No. 33 College st.

Nashville, Tenn., March, 1854. jy 26—tN 1

UTERINE DISEASES.—L. PARKS, Jr., M.D., No. 88 Dover street, gives special attention to Diseases of Females. Office hour from 1 1-2 to 2 1-2 P. M., daily. Dec. 14—tf

ROBINSON'S PATENT PESSARY—may be obtained, *Wholesale and Retail*, of Aaron P. Richardson, M.D., No. 36 Greenstreet, Boston.
May 29——tf